

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/018274

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	1	↓	3	↓			↓		↓		↓
TOTAL DEP.		↓	20	↓	18	↓			↓		↓		↓
TOTAL CLAIMS			4		21								
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TOTAL IND.		↓		↓		↓			↓		↓		↓
TOTAL DEP.		↓		↓		↓			↓		↓		↓
TOTAL CLAIMS													

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS